

**RECEIVED  
CENTRAL FAX CENTER**

**DEC 21 2004**

LEROY EDWARDS JR.  
P. O. BOX 4324  
RIVERSIDE CA 92514  
TEL: 951-333-2125 CELL  
951-781-1997 HOME  
APPL NO. 10/7141322

TO MR. KAMEN MOAH  
FAX: 703-872-9106  
TEL: 571-272-4845

REQUEST ADVANCEMENT OF EXAMINATION  
IN ACCORDANCE WITH 37 C.F.R. 1.10, 2. para. C

The following is submitted in support of this request.  
a. birth certificate

**BEST AVAILABLE COPY**

## STATE OF FLORIDA

## OFFICE OF VITAL STATISTICS

## CERTIFIED COPY

WRITE IN PENCIL WITH UNFADING INK—THIS IS A FINAL RECORD  
 N. B.—In case of death of a child at birth, a SEPARATE RETURN must be  
 of each, in order of birth, stated.

PLACE OF BIRTH County <u>Polk</u> <u>Amended</u> <u>Mar 27, 1987</u> City or Town <u>Bayshore</u> <u>Fla</u> Registered No. <u>37-584</u> State File No. <u>220982</u>		FLORIDA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH	
1. Full name of child <u>DeRay E. Edwards</u> Sex <u>M</u> Date of birth <u>12 Apr 12</u> at last birthday <u>27</u> (Year) Color or race <u>Black</u> Birthplace (city or place) <u>Winnfield</u> <u>Fla</u> (State or country)		2. Full name of child <u>DeRay E. Edwards</u> Sex <u>M</u> Date of birth <u>12 Apr 12</u> at last birthday <u>27</u> (Year) Color or race <u>Black</u> Birthplace (city or place) <u>Winnfield</u> <u>Fla</u> (State or country)	
3. Full name of father <u>DeRay E. Edwards</u> Sex <u>M</u> Date of birth <u>12 Apr 12</u> at last birthday <u>27</u> (Year) Color or race <u>Black</u> Birthplace (city or place) <u>Winnfield</u> <u>Fla</u> (State or country)		4. Full name of mother <u>DeRay E. Edwards</u> Sex <u>F</u> Date of birth <u>12 Apr 12</u> at last birthday <u>27</u> (Year) Color or race <u>Black</u> Birthplace (city or place) <u>Winnfield</u> <u>Fla</u> (State or country)	
5. Trade, profession, or occupation of father <u>Hand painter</u> 6. Trade, profession, or occupation of mother <u>Hand painter</u> 7. Industry or business in which work was done, as SHIRT, SLEEVES, SWEATERS, etc. <u>Shirts</u> 8. Date (month and year) last engaged in this work <u>1980</u>		9. Trade, profession, or occupation of father <u>Hand painter</u> 10. Trade, profession, or occupation of mother <u>Hand painter</u> 11. Industry or business in which work was done, as SHIRT, SLEEVES, SWEATERS, etc. <u>Shirts</u> 12. Date (month and year) last engaged in this work <u>1980</u>	
13. Number of children of this mother (At time of this birth and including this child) <u>4</u> 14. Date of birth of child <u>12 Apr 12</u> at last birthday <u>27</u> (Year) 15. Cause of death <u>Heart failure</u> 16. Date of death <u>12 Apr 12</u> at last birthday <u>27</u> (Year) 17. Total time (years) spent in this work <u>2 yrs</u>		18. Number of children of this mother (At time of this birth and including this child) <u>4</u> 19. Date of birth of child <u>12 Apr 12</u> at last birthday <u>27</u> (Year) 20. Cause of death <u>Heart failure</u> 21. Date of death <u>12 Apr 12</u> at last birthday <u>27</u> (Year) 22. Total time (years) spent in this work <u>2 yrs</u>	
23. I hereby certify that I attended the birth of this child, who was <u>born alive and well</u> (If born alive and well, state the date above signed) 24. Signature of physician <u>Dr. J. H. H. H.</u> 25. Address <u>Bayshore</u> <u>Fla</u> 26. Date <u>12 Apr 12</u> at last birthday <u>27</u> (Year)		27. I hereby certify that I attended the birth of this child, who was <u>born alive and well</u> (If born alive and well, state the date above signed) 28. Signature of physician <u>Dr. J. H. H. H.</u> 29. Address <u>Bayshore</u> <u>Fla</u> 30. Date <u>12 Apr 12</u> at last birthday <u>27</u> (Year)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY

JUN 8 2001

State Registrar

WARNING

THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH  
 HEALTH

DOH FORM 1264 (10/93)

CERTIFICATION OF VITAL RECORD

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** \_\_\_\_\_

**IMAGES ARE BEST AVAILABLE COPY.**

**As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.**